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Bib Data Sheet

CONFIRMATION NO. 9607

SERIAL NUMBER 10/728,894	FILING DATE 12/08/2003  RULE	CLASS 716	GROUP ART UNIT 2825	ATTORNEY DOCKET NO. 57983.000155
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## APPLICANTS

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## \*\* CONTINUING DATA

YES *AR*

This appln claims benefit of 60/475,880 06/05/2003  
 and is a CIP of 10/101,211 03/20/2002  
 which is a CIP of 09/651,188 08/30/2000 PAT 6,388,890  
 which claims benefit of 60/212,387 06/19/2000  
 This application 10/728,894  
 is a CIP of 10/326,123 12/23/2002  
 which is a CIP of 10/101,211 03/20/2002  
 and is a CIP of 10/126,700 04/22/2002 PAT 6,545,876  
 which is a CON of 09/651,188 08/30/2000 PAT 6,388,890  
 This application 10/728,894  
 is a CIP of 10/326,079 12/23/2002  
 which is a CIP of 10/126,700 04/22/2002 PAT 6,545,876  
 and is a CIP of 10/101,211 03/20/2002  
 This application 10/728,894  
 is a CIP of 10/407,460 04/07/2003  
 which is a CIP of 10/126,700 04/22/2002 PAT 6,545,876  
 and is a CIP of 10/101,211 03/20/2002  
 and is a CIP of 10/326,123 12/23/2002  
 and is a CIP of 10/326,079 12/23/2002

## \*\* FOREIGN APPLICATIONS

NOTE *HE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/05/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d)	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
conditions met	Allowance	CANADA	7	18	3
Verified and	<i>Thomas E. Anderson</i>				
Acknowledged	Examiner's Signature Initials				

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TITLE

Contact mapping using channel routing

<p>FILING FEE RECEIVED 770</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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